Obstetrics

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Obs. uterine contractions best marked & consist
to divide in 3 stages 1st is the initial
or commencement usual duration
or least motor power unfavourable. 2 is
stage of dilatation may be extremely
protracted. 3 is that of expulsion put
uncertain incapable of motor action
sometimes sleep. 1st suff in ordinary
cases of labour 2 is transient & desirable
to avoid its continuance. This may
be done by withdrawing it or increasing
its dose is induced. In practice
use for ergot as prof as in surgery
Left ergot on part uterine as foll
& chl. act gradually increased effects
diminution of pain, consciousness &
self powers & suff relieved. To adopt
he can be there is in heaven. shall pain
is evidence in cerebral functions but not
in uterine sensibility. Sleep
sleep after should not at best time
final interval when & chloroform
not removed. Thus great material for

by the blunt the pains of close meanas
of smaller pain as a cause accum
for highly sensual in annoyers
and less power, may speak of unusual
sensations. Some pathlen & infect
able. & the exagnal pains & cry out
more loudly these as they subside
may not moder. If the removed no
needle opp can of on the hand be contin
ment cutter material less motion
pains suspended & she fell down with
pains. seems to be asleep in intervals
at this stage does not make vagin
& can or hyperf operate. Mind not mas
ter of itself. Operations cannot be per
for she is restless & moaning. Give more
chloroform. she feels no pain. & eyelids may
be touched without winking. may be ex
ter. This may be contr during ordin
operat & is useful of operat severe
& forceps operat may require three anoth
in 2 days when reflex & intermittent
& intense. & in pro & upon she cries out
sometimes & moans. Not the same

In tuberculous stage when impingement is made differs. Surgeon should be in consult from the commencement & app to mouth more not close at first strength measurement in this manner. Chest made trace full power. If app to mouth too close at first so that from the outset lungs a sense of suffocation is felt. This could not take place. Instrument has been devised for adm at S Kinnier & Sons best. ver simple a cone pneumococcus & flannel & in conv surface. A committee appointed directions. Not adm after long fast is conv after meal, best time 3-4 hrs after food. If depression pal take stimulant out. remain prest prepar. prone outlook not at time during. Inhaled or sitting post during operation. sudden alter or stay of blood should be avoided. Should be given slowly. sudden use in strength danger. 5½ per cent of gas is average amount 95½ of gas air

Pate will not stimulate longest at
an undue influence, sudd pallor or
bending of countenance or sudd pal
or flushe of pulse or shallow respiral
indicate danger & ansth should
be withdrawn. Diff of opin as to degree to
wh ansth should be carr. Sump
of comple insensibl of pain & keep
up its effect. Most anth advise com-
m with small doses & increasing
quantity wh may be placed upon
1/2 - 2/3 wh appears just before pain
comm & continue till it ceases. & repeat
all anoth pain comes on. Some advis
to give free when inhaler withd
aw, being hour it does not ascend rapi
dly. So also posit may make depend
ence in case posit in side bend in
or below level of mouth & the inhal
ng as much as the case respir
Ch shn not be given dur interval of
pains Dur wh should commence
inhal depe on amount of pain Mod

secret 2 sly when head is on pillow
as pains are then intolerable If pain
on l this time ~~[illegible]~~ increase the give
Pun chloroform no more than ind
alat. If accident cough or spasm or
suff chs go too rapidly or is irregular
If pulse adm pr for sev open symp
of dim pr act promptly, one of most
dang is obst stage of breathing
ch if contin long leads to paral of
nerve cent cir resp more as
soon as ob to bre not mov to
& do tongue forward. Incap lord
dispelad & all is well when cond
feeble not in acute pr. gen sub
sign over head, incr action to
rub neck prom circ the or cons
of spin & phrenic. If resp not at
once restor then do pos rely on
artif respiration & fan state
out tente open th cancellous mass
old wate dashed infuse chest
& of bath water one pale

opts or & oil in precorde region, this
doubtful benefit. Should it begin
in case of st. gin in few cases is
possible, make better use internal
and first not relapse with. Lobelia
day allend that I never refuse ch
she desires.. Beware sugg. ergot spry
incing with ch in regular labors with
feeble act systems, if alone it would
not det & incr tendn to hemorrhage
Rules I Let the part of nb or bed
small page not pungent that left
ear from mult of in mouth prick of
ear. Stung suff. to kill & cale slight
cough if impr cough contrat. pr 3 or
4 3 pr on tobacco 2. The lat has
corn do not rel. so long as the bows
ler pass well. first bows with
short small pr do not gr if dow
off. stg be such argn regret
but pun cause opportunity show
on with benefit in B ste 3 also comm
with small dose 3 or to 3 mine

given may be once until mechanical
4 In 2 stage the may be given when heart is
app permanent or before the pressure
obtuble. this known by inlement which
ule is in action but also by stillness of
pent in intervals watch. disp. exp is
in subd. 5 the head at perman gives
in fallen close if not also accumulated
perm yield more readily & can appear
contested this app be cure in the pow
forced pain are acts of pe placenta
A 6 the operations as necess if not
serve as forceps &c the may be given
as in natural labour & in for not at
all instrum are applied. of even chl
is as in surgical operat. hence an
assist is necessary 7 but should
be app just before pain commences to
as full respir among acts of pulses
withdraw bowl do not apply
in interval or in pain as may blow
away the vapours 8 when such cont
be given time of any alle obse in comes or

Pulse. Face flushed or bloated or tinged
~~tot~~ bluish. Tremble or hysteric lit tower, be
withdrawn & face pinched. Wait till
pulse return to original severity when
symp will not return 9th in some
case there is internal hæmorr & such
go hysteric cases lower than before. Indu
~~the~~ ~~vapor~~ ~~between~~ pay attention from
the under hysterics, allied treated
notice stop & escape of the obst. mark
slow pulse & very irregular, bold at
detail. Lastly a general fall in
apartment & if all deb feeling found
arm in office will relieve it

Low cold prone should after parturition
in certain cases seven pal symp of 4 hours
are dull or morbid acute respir
hurried & painting & cut lat cirrosis
so low work like cold form collapses
warden to anxious, pulse slow & lat
& uneven rapid small & flutter
& in other shock cold clammy

long before reach setsin & lea unremitted
endet. gen recovers but fr tnu and
fatally in few hours one of best remed is
Opn. & am of Ammonia. prevents
sleep prom wh pat awake refreshed & appe
Aquets septem vitons circulat
& Ab becomes more Equal. after labor also
fnt & ac tunsp lacer do not exam
but effusion of lab lig of child, wif
pr of head. use gn. lendr & inspect
lace; examined after birth of
child. Inem perin is non rup. but
later should not extend beyond this
as dang to sph and rectum. Even
when extens seldom tend to one side
in perin. for slight case clean & rest
is required, what aps a wide rent after
lab becomes a short one in 2-3 day
in consequence of contract of soft parts
Even when lac non extens much
depend on patie of the ch quiet for
week, pear wash & broad band. when
non extens extend to r use sutures

Ulcer place close together. Gall sute not
ned as soon. When non extens & exhib
retain must wait. If allow to go on lead
to bad prolapsus of intestines

11/1/71 omn

12/

Fr 45-60 wb b brat enlarge gnb
sub cut vens seen lb ellen swollen & brack
harder. Headach often accompan & mu
nau slight shaking & heat feth exceed
by copon perspiratn. Heart & bresp
tongue furred pulse at fr strong & cont
sion of soft & accelr. Dim thes
fet. m. ab is slight. sul pneumo
monies. sometimes ex lead to amputat
whole cellula tissu, skin so stretch
a b become painful this is called milk
fever usual 12-24-36 or 48 hrs and
less unless with pneumonia, La
unless with bos ab milk ch soon &
not usual for them to recov. Certain fem
but no milk fever altho bag
swollen should at. Gen m m af

48 hours. Child healthy & able to suck
& mother prev a: had success accom
lived & similar causes which terminated
in. Nipples may be all form, too small or
too large & flattened, or may be that
ex h. deb only is cut & scarf inflam
swell not yield to bad & child gives
way at base grip. Again cases of affl
Breasts may well formed, but
milk will not flow as ducts are
not free plugs with thick secretion
all these treat cur. In many cases in
which may be excess reaction
mild see more abt than child manag
or opposed condit, see any such
mild see scarcely exhaustion & bad
like inflammat surf a never satisf.
& well sleep, but only moment & on
wake up feverish & hungry. Mother has
no further supply. Also ceb & constipat
no deficiency of milk found not quant but
quality. Milk abt but does not satisfy
or may provide mutual. Child has c

which is rejected, anesthetized chamber may not be replaced with pain. May be kept tranquil & quiet, although as a rule most does better much about nurse child & asp
soon in these cases, Cons. when flow
recurs too obly to accompl tendency force
of uterine & tryin effects of local detention. form best by small dose of Ergotin
with acet of am 3 or 3ii in 3-4 hrs
also seen preceded by with saline aper
bowel dest when by apply chal pressure
to breast. if not suff, the nipple with
suction bottle used, or in better another
child still at applied, or secure a supply
of tech ducts obtained this may fail
for this women are frequently employed
chiefly "breast stimulus" in they do effectual
in month sure might be able suckle
a person. Warm foment. used in
the local detention, along gentle
rub with warm oil, camphorated
oil or olive. urgent in p. about of milk
does not usually return present is
used in check pain. When flow dep

very deep case, as dense as deep sleep
impossible near to death. In this dilemma
push food instant with asparagus food
so and subsequent milkiness
& then give more at longer intervals
to allow milk to accumulate. And
avoid approach milk. Give pot & nut
diet. Iron stimulant necessary if
possible, Bitter ale or beer & malt
liquors are the proper, as great in diminish
milk. Lager beer is inferior
form, on account of pitch contained
Broth & vegetables may be given &
good milk gin & ice, Essential
the most to be aware suffer rest. Three pot
or pentire rest, and hypnotics
Chlo 20 grm. Chlorodyne & Hyos
20 grm 20 gtt Acetic & Bally, Chloral
the great hint, In poison new & exact do
not act for seven hours & of 1-100 may
be more safe calm, in such do it are
every seven hours before bed time, Perfect
silence in lying in chamber more fatal

vomiting patient. In this healthy bowels
opt to be constipated & will sometimes
purge not often by dry clay. Castor oil. Pulv Rhei
co. Pulv aloes & myrr. Simple aperients & warm
syrup to be constipated. Pulv fennel & Tarax
ana. Fennel has been used upon frequent
occasions in Germany. Given alone as
tea is combined, 1 teasp. for. Pulv. 2 wd 3
Cor Ca. ana 3 p. Cant Una 3iii day 3iii a dose of
3 times day. By the mouth small
& mucus infant; allow milk to go down
upon under crust & phen. Headach or
marked pain. Vomiting or intolerable any
small milk from mouth. Appearance
or & abscess of mild drug will infer.
Local cure. Infants prone to aft
thrush. Cow milk most for milk first
child some suspicable each confine
time on aft 2-3 day coming in maj
to ca. If referred apt of ch German
sebaceous cart. plate inflame & pressure
sage. Cor in may be cure by state of
childbirth as in apoplexy. About

by weight. Often small cracks or cavities & consolidated spots will show deep or more the case may exist but deep pressure will not to be found in some ulcerated spots or whole destroyed, by a long narrow ulcer under as horse hair extending small & when pressed will at such makes more. both great & Treatment. If all be found to be beyond punction, if not cupping can be made best with sponge after warm for a little a month the upper crack with warm water brandy & vinegar & myrh, the myrh warm, white wax & butter useful Dialers is the simple opium. & it is pecular Poisons. more should be done as soon as child has left upper to clean teeth moreover but dry it & take marble thorn & pr compress it & degree the capillaries, as soon as soft & dry can with arrow powder & keep dry. If mangy you not & you see the

Gum mass of acetate, gum tree, alum, they
could not be app as poultice. Child app
as seldom as possible & good nipple with
gold bead when will hide in cavity. Mes
dissolve water of nitr gums, for small
app & gum powder. Borax, dissolve
in warm water then bath, Put on plaster & let
it on nipple when child leave. If bad fever
give M. Mix of Morphia, Lyncmyst
collar castor oil & oil Zenobia this
for an adhesive liniment. Zinc
sheet useful, most forms an oxide
wh. allays irritation. If gums take
pile ointment & excoriated. Do not apply child
too often. A broad band may be applied & bran
rubbed with warm oil, milk will also
more freely. Zenobia usful subdued. Do bur
baby remedies have been seen. Ag nit
in sol. 10 gr to ℥, as far apple delight
such as formed. If apart be washed
nipple w/ f. Im Calcium ℥. Con Zu Bi ℥ss
Glycerine ℥ss, aa Dama xgrs. Alcohol ℥ Glycerine ℥
Comfort the mother be done

Wilson's Hemlock ~~Tong~~ Plan not is best
leave in solution, dissolving or brandy
be formed. Pla ~~Ant-Xg~~ Sh ~~3~~ appear
~~to~~ last rapid each, much rapid pres
to next appr of infant. This produces
smart pain for time in superior ulce
or abrasions is good, in some cases a
slow solu occurs regard, Barron mech
mus con. rapid chan of pro cond or sub
~~sub~~ should be the most, but had cure
or milk Rica calcs beto prope pevad

Mixed 7/1/71

Dorsum tied. Thus cay defis rare all nurs
can mak all in dis pom mal ope
Thus th appt such in diffu In ost case
accom all checking cond call l tongues
In lin large whole, flay, pal dark from
mus com for or l tales t apex low
all l flat ~~t~~ of mouth ab l fren. that
omon sprue rest ever of tongue
Dry is suff for for to fomet of lapse
and bet you may flow up or or rapp

and perhaps one instance the confined as
upon these movements. Opportunity with
a perforans in mouth open allowed for
instilling repeated tale & lev. Opinion to the
young, the by a slight incision, some are
sequente chiefly on non tal & sta
bth bend the int 1 or on flesh be int non
one in each side of long below it or the opper
ing a slide between them, then the vide long
will blind pa eccs. new floor fmouth
then tongue, a wet sing is all that is required
action of long completes the operat. a little
loss of blood in an infants accor matter
or mad by bend theem inf apt by each
ect to cause bleedy. If detained cont
tent about pressure doubt by inaccurate
long wound seen such the aera
be command the bleedy point. If a of
inf become bluached do this at once
Next cond. is <u>vaginal hemorrh</u>
Lorne instan a day if thin fluid blood
has been to fr new born inf the confor
weeks or mad by reason inelli or ins of

and of jaundice not defined or gen here
fetal appearance. diff. in medical cases
. In simple cases itself very noticeable
for yellowness is general. Next condition
is jaundice. In examination, he may
see all the by mouth or more about 3
days after end of skin of child. proper skin
assume yellow green, when from skin of
mord red color in fades, deep in pale
rose but of the baby. Of the arms state
the skin until pale rose tints dull
comes in about 3 days & deep for ad or the
intuitive gradually. child seem quite
well bowel acting proper of sure without
colour. The na of general normal per
cent result of change in or congest
skin is undergoing. This second condition
of other is small with all the
jaundice when seldom about
the fourth of first is disappeared. To
this loss of number of is necessary
then letters in infan is also a simple
condition & for hold the of the above

been a marked rise in product. In Dublin
Hy in the one Infant Jaundice rare. In
Jersey hosp at Paris that per infant recep.
almost all ch at per per acter or exposure
to cold, Chol in ch Jaun is most frequent
in mate feeble children in more advanced
life and assuming so ch in adult of
cellular tissue. Open wild fungus and
wh Jaun ofing is not due to any cau
per sealed in liver but to defect resp
water impure perfor offend Spleen
Sph hepa dr and Jaun or effs. But
with all it would be repeat. Jaundice
all st effect on hepat cau of hepatic
Jaundice and. The cum of blood
in wh or blue causes increase of
blu in hep capill diminishes other
hep diseases are offend of bil fun hepat
cell into caps wh not flow out bile ducts
as usual and so then incr in acting
Jaun disappears often accord all
st be found dim cont hep gelatin
bold x 8 in old work math

When comp. gives off the cancerous pelle
½ castor oil & tape well often cement bad
app. bandage. In lue no pure thus
not needed, besides these cases, must
see medical dis. & sympt. given urgent
Nurs. to attend on patients given be
von that antiseptics also one finder due
found comp. from a eye B. on phlebit
jugular vein. Lus acus dt & cong. abse
sheppa or be dist. or obstructed by
an his bandage. Not. By a apt. ble
med. in ev. success held same child
Next is Choice for nurse. If you may
on dis. comp. or not ad. or well
nurse. be chief a nat. nurse. Must be see
select for in the de on pty. Ere in
1 plan should be in prime of life 20-30 yrs
bell under school. Must be healthy nurs
Must be clean scrub. R. on lance
Jeerfule & can be non sele of health
strong. cheerful & pleasant is con a cater in
well nurse. Of the talent & common
education, make careful & animal

question. Dewes says in instance of Mrs Rosen mentions a case. Examine mucous child who should never be omitted. Child ought to be clear perfect from all eruptions about head neck belly or of exanthemata. As mouth or in general cond. Flesh ought to be firm enough not to vomit much milk of worse serious or to tubercular rigid or ace appearance. There is both later gr health menstruation. Milk ought be a nearly ad to age of infant as possible of fact should be ad to one that you nurse. Ofers infer that if ad age to some month old. Milk first in the infa is made bin well agreed new-born w of fat to seldom, breasts should be of moderate size good. often. bulk formed gently slanded not adipose, large flat to yield into cups, nipples should be of moderate size & salient for the period as seen run on breast. Milk when milk has not a more glass it ought to be thin clear, tinged sweet

deposit cream. Cream in a test tube & cream
on top and quality. Good milk is specific
Lactometer. Is exactness in test of milk
a glass of tube with milk. Milk in
an hole 3½ inch a glass slip is filled
in with glass slide. Examine milk microscope
& fat globules corpuscles albumen & water
should be examined cream sep. butter flow
of small & open under pressure of milk
by lens. No milk which is indigestible
such as goat. Goat's Cow of
medium size individual good milk & vegetable
milk do of urban & rural & given
with amounts. Below that amount can
be fed sugar. Vegetable albumen & fermentation
cause effect & sensational excitement.
Use cinchona for nausea. Use tinctures
in bottle effect. Temper & green water
position of bottle effect of pain & all
temper or any reason prefer gum
opium determined. Opium is pure & cream must
be put. Comfortable with of People & children
for the an animal plum cow food.

She should be plain wholesome food, no dung
ale & porter are injurious to a strong healthy
w. daily & regular exercise & keep bowels & equal
Perineal cleanliness should be attended to

<u>Difficult - labour</u>

Men defined is a labour
that exceeds 24 hrs, little may otherwise is
for pr. in appl. times may in which bend
pr. wh an port long before 24 h & do not
present any difficulty, when may in not clear
symptoms & danger, pr. before lapse of
24 hours. diff. in subdivided 1st bedrooms
2 labourous or obstructed labour
Deliv. is one in wh head presents occur
in 24 hrs concluded without any necessity
wh or manual interfer. in wh no immediate
or danger symp. manifest themselves
in wh no curve pr. accurately. Consult pend
Nat. most pr. obs. in 1st stage, and are
not allow wh remove dis. labs wh occur
in 2 stage. Lengthy moment an anti-
septic grand Sly arrivii at the dural
may be exercise. a woman a Lg. ann. i. wea

Illness & pondon debil women & in th
of my families & nurses. 1st cause is weak
alone acter, ocan & debil wom tis can
o Rem by pursuing weak time or interval
at wh they succeed each the dul & time of
each pain short, while at same time there
is a well formed pelvis of propell power
wer sufficient; man of the exc patience
& encourage patient mental imp
avoided by not allowing mind be dist
conversations probable, of interest and
so an enema in those cases wh the
s depen by long cont. a full dose of opi is
good, just awaites pain sleep rep & prevent
nte. Chl is good also bromide each in
the case & mem l ut blood or wat
about as enclosa cloth. Of all remed
women esp accept as deliverents simple
& of the successful, for wh pains weak
short or irreg more prep ten nothy
deliverents. Do stimulant all unnecessary
bef the an adm reg thought to be left
in case state of pulse & the dur of the nat
of pains.

Dissection or 3 lecture

24/1/71

Undislocable os. lateral. wh must be made in or on dat child b dislocy. Rup ond. Boy his flor. not difficult. Rup bony sch. fpr. blended at end, bone acute ed of 3/4 inch. an inch bone rup well ancher. for forge flesh hand on os as a guide. then slip hump up by flat surfy with cut, ed on os. this thin bone up. bas. supp. good forgen & an inch of 1/4 inch deep under in edge of os. Rup then can round anoth part & can not be made in thumb, for for nell sa effe agg gum of dis inconed. the peste point not so much impert. peste tissue pensfeed, before & bend then flex ulna. actions contin. & make du a by dislocates dislocs. dislend gently. This plan is very valuable. Wh force will pass wh 3 fingers pass as far as knuckles. then a dislocate further but dislocat with force for must be done with contin. gr

and Ds. slender, down sheep up slenderness but occasion happy the well by new wale per the hand or forceps. will you blame an opening suffice. instrument under hand to expand opening & perforate. Incision to be made into cervix with scissors in of 1/2 in. Cancer of Cervix. This part of subject seat of malignancy & concept what in that cond. Hg. neet great regard of pos. form of cancer which is all this an epithet & cuba flux. Symptoms under will have exist after labour comes on as lancinating pains occasionally loss of blood & frequent discharge from vagina affected. Os exam os slightly dilated. Neck. tuberculated in part ulcerated & tender to touch. Prognosis unfavorable. Of 27 persons 5 died in labor & shortly after & but 10 one. fate of other born of dec mot & stage. of cancer not be cured & spread has made but little progress change is not immediate. the del is spent & must or only

pg of the is deciduous is clear is hard and
Child often lost in this case. of 27 cases
13 del of skull form & 10 ver of the infant
Indr for treatment will by accurate
& land of disease of cervix in part slough
is in an adv condition but tumefied & at
part, possible that effort of nature adv
to dilatation of os & expulsion. If can
then dec & cancer an adv slough
can this natural eff will fail. Now
of the ind br. mass not cervix all &
subse. apply forceps of dead fetus
perform craniotomy. Labour
is obstructed labor. In this case del
is in a stage of labor. diff may arise
from some mechanical thing such as pelvic
wound of the pelvic bones or disproportion
between head & pelvis, diff may be in head of the child
the pelvis or in both. Lab bal may arise
certain cond. of soft pts of small 2 pres
of tumors 3 cond of fetus 4 cond
of pelvis. Cond of soft part of mother a

1st cicatr in vagina. There may offer a serious impediment, results spontaneously, spread off from several but vagina may be cut thro' whole long, pain bn. so small as not admit tip of finger. Cervix distorted by the cicatr. Obstinate places by bands or septa probably simulacrum. When the actual perforation much may be done by adopt some one as sponge tent bougies & other means. When labor has com'd the fetus from hand of child is suff to effect dilatation. When not cure must divide by knife. When a new band remained by sunded bleeding & obs is removed w. cure when complete closure of ean. propriety is during a period when parts in which cicatr may fall out most is greatest: but this can be all will most cure. fistulæ will more readily dr. but is not remarkably strong. a thick little that pr. o. interior in internal opening. the pain

nb & d, should turn up again that can
mean nothing at. matter event, they are
followed by a good deal of bleeding which leads
to relax the parts, & cause attempts to expel
premature delivery. Never attempt
here the wishbone question is in fashion off
or metal gum pipe that relief is demanded. Bleeding is often considerable which
is attended to. 2nd cause is neglect of perineum. Tears some for instance
muscle women with fine chest, prod
duce excessive of muscular fibre, with
often extent. right of sacro-ischiac ligament
in consequence is due to
in appearance being so much that will
not allow head to pass below with partic
ular. & perineum is subject long and
pressure. Other cause stiff and curve of
bone in 2 ways. which may be distinguished
pretty. Many happy that with the cord
is cut in time & given down second horse
but the boy overcome right with a pain

cum. but in the cem the cut is replaced
as long & ingrowing nail over. & can map
off all pts. When you find this ingrd
place pel and apply of Chlo. this is enough
in dust to blow it. Man formentation
flam with water or decoc of poppy, belladon
& hyosc & cont for serious. Sometimes take
with bad. & If pain cont long & rep
on adv of heid mount bector or
forceps. indeed most is no opden
in prevent from the cause of pain
repeat cases for relief bef arrival. When
diff arm from diff from effusic and
be an you have most power to overcom
If all is n n n n n do not bring bend down
to sudden 3 cond l. & decom of lut
in a cancel dg of puff & a fm. & dental
lar & nymphe. Lat or va so chel
as not may be close or eaten & mel es
cancer. Is diff is import to & cann
Ed is the cas with malpsna when
post lab & mell is cured. lacerat

may be made, tumor will come to prominence. If children be great & after labor, cut to puncture & thus in several places to the tumor. Sight forceps useful in some cases. Special forceps. 4 cond. is thrombus. Labia & vulva should be vacuum in which for hemorrhagic tumors in non-pregnant p. is caused, pelvic pelt & cancer but the d. are due to the trifle forms in cond. of distension of them. Hence an average of pelter or mucous delay at outlet & narrowing of pelvic & cancer. The should be rest, care & not. Be vain and forms slough, pus, & tissues and body & appearance after delivery through in most cases. Mp forceps, lateral displacement & pelter forms. Thus vagina may be septic, a pressure of cell. labor lasting. Or appearance may be postponed or body contained vessels dried & may not be interpreted. Part mp is detached. Effusion is come to & pelt effects but phenomena may

like pla disp. as well often weakened
the dur later. Nor such as bend or the der
vation, but often allied with pain, cann
(mp) fore-sel then one or some bett
or only my nephr sometimes if are
distended & form a volum. tumor. my ca
be much art produce syncope. my pr
full volume at once. my blunted & ha-
put or extend deep into pelvis or
then my common in pelvis & of app
& tenor. It should cease a violent effus
this dest of the es mimicked all
the blood impl into meshes of cellular
tissue only is is often. not unfrequently
more rare by many thing gu escape
cause accumulat of blood & thing be
prof. terminate in death. then fever
gd my unfre head & pr on melt
effused by cause rel often. Prognosis
unfavorable. in 62 case mor dem 22
when gest is aft delim. still & apoplex
not child bed. prof hem is cause of d

by Gangre afterwards. As soon as dele
appears bright check effusion of an
coagulat. of a large & tense pressure
mal in most dependent part of swelling
& then in prop bodume. mass made the
enlargement is wonder more and de
ceed. when enclosed organs of the labia
then the surface by a mental
sensands. of small & enlarge the egg
of walls of cyst thickness slight point
instance in age. of pancreas affected, &
an some tissue but very impers
you should not more but let of remain
unknown. after mass not of pure
cellular tissue, this by allent clu-
Tumors may be of pure 2d 4/71
characters only be included below neat
ela not sarcoma or in connect proper
tissue of sarcoma & cancer. 1st is ovarian
the a cyst the ut of an dropsy becomes
pregnant. ~~connect~~ tumors may chance
to forms of ovarian tumor. In one case

cyst. In other words for the whole very perhaps within septum contents vary so much that not only very rare nevertheless of any sense of fluctuation. probably an ovarian cyst containing fluid may or less deep seated; make an exploral punct with a grooved needle. The operation is done from one sacro-iliac or lower centre & can be pushed above brim of pelvis if necessary with no abdominal wound should not at one interfere. Among an above brim as need descend. Spot where allegiance to run with hand. A long trocar should be used & plunged through. If fluid is in the cyst collapse. If contents are viscid the opening must be enlarged with guarded bistoury. Some open the better. The mean cavities in favour of opening them from the vagina. Uterine Polypi these do not also present impregnation. If they spring from interior wound. Women can not be perfectly matured. When found at full term & beta

the arches of lips or neck. They are fleshy
and in clusters, but when grow from
neck, when from lips pyriform hollow
& contain fluid. Little difficulty in recog
pear shaped cold & movable tumor
will be felt - more or less occupy the cavity
of pregnancy sometimes or later. When
head is pressed back in water appears
the pyriform shape more obvious. Can
pass finger around it. If tumor small
& delicacy my present best with pain
causes & contains ~~[illegible]~~ of fluid eyes &
stalk dry down as far as possible a
tumor legal applied & cut through.
Fibroids, may be mistake cause. A vari
ants cure is needed. Osteo-sarcoma.
Thus is a rare dream pelvis, common need
distinguish by unequable at present, & deep
seated, semi cartilaginous feelers. If tumor be
small may effect the delivery, should need
be enucleated. Under Dorsal cases
cures 1st dead cancer & amnions wrinkle

attached to sacro-sciatic ligament & altho
arrangement, a similar case, in right side
occupied pelvis entirely. no. death but
account of place in nature. may be of cured
eye. may depend on simple constip or
dep or magnesian deposit. There are
some evidence as to generous properties
remedies removal of enemata from wate
vessel with hand)
Cystocele, meant a prolap of bladder
into vagina. descends behind pubes
stretched & behind compl sense of full
& tension vagina & dan to travel
in small bladder does. Must do for
prolapsed a tumor and gland, fing
pressure behind & catheter cannot
be passed in usual manner. carcinoma
enlargement as cause or in wid in
perforated for, bladder &c. Must
be relieved by catheterism. a big uterus
can displace male catheter will point
down & then round. If bladder does but not
require to tap the bladder with fine trocar
thing walls fragile. Ulcers in cult

Calculus in bladder, prolapsus ani may offer an obstacle to labor. When large & dense left fatal head delivery sometimes impossible when small bladder may be lacerated. When detached early it can generally be pushed above the pubis, when not pass through vagina. Condylomata effectus as a cause may be a cause when head is in an irregular position but large & slowly resolved by depleting the abdomen for ascites & body means to bulk from monstrous formation. Impacted head not always accompanied difficult, but may prolong labor or render it dangerous. Sometimes when head enters pelvis 3 or posterior-occipital position not face towards pubis. It seems arrested in that position. It is as a rule easy to correct this position, you rotate head from left parietal to right occipito-cervical. Sometimes made by forceps, preferable introduce vectis on pubic side of pelvis & rotate gently towards sacral side. Better to wait to impacted efforts. Later when to part. Should not allow head two hours arrested with labor. Should with forceps

an effort should be made to relate head to proper part. An accidental displacement may occur in deep mechanism of labor. Parietal bone descends & head occupies pelvic inlet forehead drawn down too far, & is arrested. It seems hard to understand this and very convincing evidence that tender should be delivered when this takes place. Only position is detected by finger in rectum which loses shape & feel forming return finger passes under pubic arch & head. Finding thus under pubic arch & head not advancing you have proof of this condition. Sometimes does as premature separation of chin from chest, more easily head should be detached in interval of pains until only contracts occiputs will descend. Question impulse & when forceps descent completely & becomes forcing part. When this occurs position is so infavorable that head scarcely advanced in progress. Lead catch like a wedge. When this takes place forceps fail to bring bone & suture, & some recent to only position. Might say that there was space for passing effect than usual

The head too large & too much ossified & the pelvis too ossified. difficulty: this cond is in in male more than female chil. Dangers in the 1st dangers & diff in small & more in male than in female birth. 2 dangers accidents from pressure & child in male than in female birth

Head in Brim. or / spine can't turn
Strain to the excessive blood get
ofs. of child & output. Pelvis only
is rate in rachitic pelvis. Effects difficulty
labour in diff in labour. Effects on the
mother, dispositions. Made the not pens
in fore bot side. near to symphysis pubis
at that hand is inserted at brim & not
directly in front. If hand placed in that
position in relation to transverse of brim
the whole hand along in pl of pelvis
but cant feel anything but the foot for ant
fontanelle. If in that position direct
in same as that - cant fontanelle at right side
of pelvis. The forceps will magnet the head
introduce two long blade along palm

James Bovell M.D. McG
James Bovell M.D. McG

commutation. Sent down in pump for. hand and arm obstet. Generally a coalescence pelvis head passes at brim. By transposition of head at brim with occiput at brim 7/2/71

Sometimes belle to cut forceps. In posterior the nat. comes in occipito-posterior position when mother can feel as readily as in front position. Blade applied in same manner as in front position when applied well to right, the position can be felt from outside. When applied head from posterior in access direct - for backwards towards bottom of sacrum for if head forced up you may see neck of child a fatal thing. Mb. the point is corrected. By pain accoucheur point perhaps permanent non battle trap when face direct anterior, sometimes impossible. You may try trap when face posterior, & bed assist. make careful examination examinat. feel swollen vessels

Make careful vaginal examination. If forehead or chin can be felt in front or behind it cannot discover the fetus in utero for dele angular of fetal nurse. If chin is same relative to pubis or if chin is thus situated it is favorable aspect, blade in same way as to vertex. Pass two fingers left hand beyond crown into chest, pass along palmar surface of fingers & hope in left chin. Put left blade in same manner. But never use anyone in introduction of forceps. When aspect of fetus for correct position of bring in chin forward, instead of forehead. Do lodge here in lateral diameter than forehead backwards. By manual rotation & set position of chin anterior this is most favorable. Most cautious to use forceps to after coming head to breach when breath has been delivered. Posterior head in this position cannot be corrected. Forceps delivery is need. Child will be asph of aerial resp is not common with 3-5 minutes placing

When head or arm cord must be extricated in 3 minutes or less of delay you run a great and considerable risk of asphyxia & instant means since. What best means to adopt depends upon the fact with presents or hand. If arm is dilated & skin appears very manifest can extract in perineum. In case the man presents then presses with flat hand inward. Some in which presses can be employed with benefit. As soon as body born dry cord down gently & as I take off any shirt or anything. Position between thighs should be place on side. Thus face is found most room there. Have done so you find difficulty with lying as complicated Skin. Blue must gently open & yet denote neck. Must press down & head. Now if all this body & head must be brought down & carried on front of symphysis pubis & held by assistant. Let press as in first position & then down

mass of brain of pelvis should not make
a great bend. Lean the forceps applied. & let
well forceps. In this as head approach
ed by should be turned well forward
& arrest & head. Applied at ten pre
mess pen & did not press too much on

Open cut be life of mother

Sacrificial method. & the instrument men
tioned will at Crania of. called for in a
the head is impacted in pelvis to that it
would be very difficult to attempt with
forceps. Deep at brim... very p. 3½ as
mean to 1½ as minimum of labor occ.
at 7 month this means very, half inch
less than 1½ at brim but of at full me
as 3½. Must not too ~~rapidly~~ assume
that because she has had a natural labors
before she cannot. Some has gradually
has chosen difficult labors & in a mean
well ended from the life of mother in
danger. Sometimes provided some of them
exhaustion & specially when det is urgent
if called for

9/2/71

Use of Cephalotrite. Sometimes an operation very careful exam. respecting child alive. If dead perform at once lest attempt to injure soft parts & slight cases that going terminate unfavorably about 6 or 2 cm. 1st pos as far as possible the effect of impl. 2nd watch patient & if child. If you have noticed these do others or find the cause of pain. Difficulties time of performing. If child be alive & impossible an prolonged dangerous dilema. Be must with destroy the child or delay interest to the mother. At what stage of labor should we begin as most of changes are favorable. Pity as soon as clear indication for it. Be careful many age to avoid for death of child. Now of admitted that 1st child cases where alive 3 operations is safety of mother. to wait is foolish. Seems to a person of experience to opp. death of child or calm it. Women & prized such circumstance the will decide it. Often you have determined for them. Affected & explained that child cannot be born forceps. Under the

cause the safety of the mother. Not mean
the you must till labor is far advanced or
must long after rupture of membranes. Use of
vectis of crotchet often that cervix dilates
slowly & imperfectly. Not advisable to wait
for great dilat. than admit 2-3 fingers well
or. 1 finger perforate. Head not of temperature
in contracted bin & cannot pass of
cervix until collapsed, perforation. Now
all this is good general rule to perform
perf. as soon as indication first recognized.
Not always wise to come to a quick con-
clus. Give nature time. Head may be small
may be of elastic, or may be so moulded
of center of pelvis as to allow delivery
Perforator of head first deep in spine
for diminish the bulk of head. Do not a
cranial vault that brain should be
removed that vault to be broken through
& forced down: imply crush for
not off any more than ate in form &
no diminution of bulk. Not enough with
without power the head resists the compress

power when unbroken. Blades of the
in the bent in attempts as soon as
arch broken. moderate pressure will cau
collapse of bones. Cannot be used as a
general term to include all those produced
for extract of head & chest. May be divided in
2 orders. 1st include cases of immediate disp
roportion in the perforation after suff.
collapses when head is forced down by bulging
pelvic det. 2 class of major disproportion
in the perforation, supply by brake upward
& followed or not by extraction in opera
tions perform-more as in forceps. Pla
in left side. The thing returnable and di
compelled, simplified. When over high head
by drawing down or bringing a pelvic opening
may be stopped & bladders be drawn out
to centre. Dispositions they examine blan
ation pelvis. Remove the bottle flexible
catheter & internal opening pass long
inlet & remove arm then placed. Having
placed in proper point make compressed

ute to bring left hand or whole hand beneath and just in relation of head. 3 rings then points 1st Examine well and the proceedings of parents as to whether there has been mistaken for head 2. make out the head. 3 Observe carefully the os. uteri. pass finger around it. Next delivery upon placenta make perforation this should be most antic. at posterior portion of head. Much easier should the part. Inversion of uterus to be attended to. First an assist must support body of child externally pressure head of child towards pelvis. & thus obviate rolling of head under the impact of instrument. 2 is strike head with instrument perpendicular, if strike head at an angle part flies off at a tangent and injure the expt part of the mother. Then proceed to perforate but the prog. of left hand or hand on part of head. allow it remain inside in that part we need in our [illegible]

Hay for or not an. Pass point. Point
well also can after fingers until point unfin
ger on previously point of hand. As soon
as pregnan. perfor. effy, can off as
soon a long motion. As soon as skull
is gone pass well up. steps. & then
place the forceps & pass hand, toggle
& thus enlarge. Must a cannot meri
thus allows fill escape. Gentlemen suffe
specially for introducing the crotchet &
of making thus my well day, perforator
& vent for a short time or may extract
crotch immediately. If extr. crotch pass
as far forward as possible towards
foramen magnum. If case one of minor
disproportion will be sufficient. Natu
ral pains will do the rest. If case delay
shed not descent the cause should
2 class. suppose of C by an forceps
Si. me spend more before using crotch
a lion should enter & a clean punc
ture made bruch out & blunt may be
accompany w. 1st crotch & long

3 large forceps 2 cephalotripsy. Crotchet
still for instrument in Dublin
the chain as follows. Good pair to open of
forceps & lot of. Pass in the open
operation the shell. Not in one of just
part of bone but cleared. If any amount of
marginal bone is left by gun wad. Do put
it soft pieces of moss - place tufts behind
part fractured & return in out into
shell. This of course should depend on
by your fingers not needed. Soft part
in deep force you should not dissect
and the strength of part but again flat part
of front. If bone blown away better to remove
all the soft fragments. should with your
fingers. Ignored bunny fragments when
as soon as one portion blown away seek and
bed at diff part. This will protect
will generally operation apt to be dead
but as soon as you have removed the
fragments. Then try to get a hold in front
margin or occipital bone & in very diffe
cases take a hold near the orbital margin.

attempted skull or in eyeball. Then down
down anterior part & in last entry near
ipsi. all so on for 4 weeks — effect
but both along time &. Crania is seldom
performed late period fatal & dispe
ngerous to attempt on account of vast
suffering. Patient never left powers for
Surgery when can such both. Bones
will collapse. During incarceration in
ego & method of effect delis. Not as good as
crotchet & can forceps for under child indeed
I will not recede of obstetric. Next
method is that of Crawford's forceps. Dr. James Bovell
attendg the del. of crotchet. induced Hobs
idea & into cranioforceps. Dr. Blundell &
others say is very appli. & endangers
mother. Barnes is best. can of blunt
male & fem. fem larger is jointed &
has a kind of measurements. Use forceps
above — leg & low & large & more portion
general. 1st adapted to minor deg
of deformation. What point best to go.
If bones collapse well enough to cause
no bonehead. If can difficult in & sight resistance

James Bovell M.D. M.R.C.P.

Will not come down and unless it will admit of adding compression against base of skull. If head not compressed totally deformed you need remove portions of frontal vault. Osborne was first to realise that by cauterising base of skull into fossa this contents of skull settles. Burns came to same conclusion, showing that by wedge calvaria & wedge skull to base. Thus avoid pressure. Now annual & spinal consult in shape of 3 inches in front cranial & degree front under dentition. Cæsarean section & that it indicates sect. by Dr. Hicks has recently revived this question & in 65 published a clear account of mechanism of operation & he use a small sized blunt hook. He removes entire completed & fixed head in right hand thus drawing down face gently, turn bring forward & by the aid of hook & takes a firm hold in mouth or nose or mandible. Crania forceps introduce after perf. one into orbit or temporal bone & other opposite part not opposite side. Pass left hand along neck

By a sudden wrench you break bone off the bone at any afterward the left hand be in vagina & ended ~~disorder~~ the pack be cases former deprop 2 - 3 p an angle forceps panel spon occipital. It dents arch of calvarium. Then remove the forceps & take a firm hold. Blades should be appl one forehead face & child shoulder & handle you compp. Possible & this method can start head the embedded bin of less 2 inches of cut by extreme you r b take any larger position but may extra cases need take away many whole of skull way on the back. Last method is Cephalotripsy. Don't use head well & hand to small & force the Bar forceps Hence crush base of skull, this is an even bet point. a second prop is that the b able head dur extraction. Non crush pow may be obtained without. May be made b crush base of skull. If one be passed. Will more edgeway. Shall ~~p~~ flatten which hand forceps. Can b app to a soft case. Wounds. Stat-tent. Stat

at Berlin a n at least that 2 inches

Point of patient case was in that. Forceps
first wounds pelvis, entered left hand of pro-
vided, with pelvis, the handle, Blade should
be carried well up so that point rested at
base of skull. Hand off the blade over
head of patient induced blade. As soon as the
handle handle entered not in right direc-
when ~~that~~ the case. As soon as in that pat-
pens come through. merely put with
the adm to crush again in opposite
direction drawing head down & backward
As soon as passed that point turn chin
forwards then head descends through
and held him down make the traction
for. Innate day & but you can
avoid, direct handle forwards
the difficulty with knee & shoulder
in an oblique direction. Now the head
is shaped thus & the down two head
backwards, when down enough take
out hook & forceps & draw down
into hands. the change the head
& the draw down ~~[illegible]~~ shoulders

Pagon has for a method capital op without traction made in perineum base of skull & gent tracks rotating instrument by means of hand. If meet with resistance below the case for 2-3 min. then repeat the crank & then leaves for a few hours. He places this open mouth dilator & cut a section. Davis orientomist. Dissecting a strong bone forceps intended for that but was capable of crushing the base of skull. Could not bite bone of 1½ crying diam. after rain crown. deliv. body by a double blade & crochet. Certain dangers attend. open cervix & small. 1st perfo has been thus to deliver perfo of sacrum. 2 fracture of bones, my wound via men fragin 3 Cephalotry clip wound of pt. there cy be avoided with care & should not happen. When opn too long delay long crushing speed on contracted brim. pain perf pent. induced by anxiety circulation in compl. & Now in cases of real nature bound large hole in root pat of cervix after

Yet this immediate injury be avoided by
early pressure, providing safe a fundus
& separation - vaginal palatine & nasal
Symphysotomy this injury would suspend
be under example pubis, & is entirely
discarded Cæsarian Section. also just
as bad as long, it can in two walls of
the cabd with & relatively child. This
fixed on 3 principle by that when from
even pelvic cephalic pelvis is more than
doubtful or hopeless the child must be in
Nature, a dead point beat corner &
scanty midwif. made with pelvis after
& dropsical. Generally regard as last resource
Other who somewhat more critics would
place dull tiny enough, & especially. Small
regard well favour. It has not be imp.
in results, Cur 80 cases in Bolton
in 23 woman was saved & in 57 lost. In
72 cure made in Club a 44 children
& 3 been lost this will be 1/2. Foreign
371 cases out of 257 woman saved &
124 lost. In 189 cure made in Club, 139 in
80 lost. Must not be concealed

continent & Britain. Yet despised from the deg. that would warrant respect. Opost author and agrees. Stated in the congr. dis. in 2 incl. orders. in centre of Europe. Sanguine states that pir. the congrg. is 2½ orders. ~~R~~ Said the hungry Jews must be made in these cases. Only strong coings 1st place can be carried well. the dean with safe to the mott. Cases not-coings and pl. & m. be done the only d. cannot be permitted safe, to stay mother. Dr Hulls formula the any circumst. the mind pe. re natural respiratory may be con. d. a and ocas. spermaceas

Conclusion medical. The most p. s. depend without effects. If not cent. l. mechanism that de. is compr. the tubes multiplied. The final deg. cas. l. degree of contraction. Water-mel. in the fr. and milk. the depen. l. mat. can stand. will not allow entrance of the dest. dean ca. not be for. ote. mal. ath.

Bim divided into two pt with gube
will admit. In ribbets my powder pelvi
not in the other but cer section
I prude-leather in of course by extend
Mest. an from an tumors in cuns
Appelvis such as by small pustr or
tumors have descended in pel & been
pressed there. Atresia my demand it
spe gut sample in vomet decin
case simple pulsem. The l in ated
b n when she has died undelivered
b were the child. several has been cured
in this manner. Horrison after death
diff b for the limit, Burns states that
a male child has be extr at his
after Burns states that ute has my
than body. Well known it is one with
the fetus of two if you be not spread x
Gale pass that certainly Appla cin
enter after several circul has cases
should my bier in cin appliqu in stat
fra fever in the 10 mo after death
of the bir bar ext dead who of 15 mo
aft. Cream of the mother death will

with operation. If do you not consider it by. If you have a very quite chance and that child is dead before mother dies post mortem comes into compulsory force delay after death. If ever such a child can be extracted given as I gave no doubt to relations. Interested to proceed what but the best-Consultation. Not always get the truth stated statements limited. If called on in other at full term & considering circumstances operation demand be promptly performed. For if take any from chance given the operation an exhausted woman. Such the blood has been detained by pressure of unusual retention. Pressure, in prime given decide on operation later than avoid operation. And can do the person I before or after later outcome & I have ceased to look upon as mode of death. not to interfere with parturition. The spent old compelled later to assist in. Sometimes

an calculation would not be necessary
if labor has been induced at end of 9th mo
Bim lucks thus the last-expiration bottle
One advice is you can select your own
time. If you decided to do so you might by
more labor induced the last fortnight
of your due time, allow up for effect
of second dilator. You notice a gush
of calc. mucus, one night & app 1-2 oz
for op. You may not use bougie dilator. Women
can prepare dilate bougie. Always pay
for effect by pung & folding night-rest mom
first on fellow. Bathing, rectal tube
for. doctor long one., spray for bung
the dilator for, carbolized lighter, ice, hot
flannels, wire needles. A may hand
the bandage 13 assistants necessary
for which cases one side, one
to weight ends in front. Keep operator out
hand into pelvis & attempt to dilate pelvic
bones. Blood should be emptied, Uterus
in case fixed dilate is force displaced. Thus
for with effected should work by is out
to forceps extractor & perhaps is more

unilateral dissection, keeping make incision as near gallbladder ligaments & pelvic bones as walls of patient. Keep make incision gate into proper position. Make incision the linea alba. Pubic ligament ought to be kept as near as possible to avoid injury of symphysis pubis & attached down diffuse of abdomen. When finding bladder pass forceps in & cut out for within inches. Other incisions are closed watch open & prevent electricity from escape. Make incision the ultimate in milk ducts and glands & then begin put a stitch not handle & cut, esp bandage segment. The cut will as near as possible parallel. Unable move as manner the not injured. Other bowels for fear injury of patient & hold against abd incision & prevent from passing out cavity. Open fund pla is in hospital. The esp till gen nodule adj. & the esp muscle & esp hand <u>serre fat</u> & & & assaying as possible. Un nas & cum clasps

tend firmly. do not dry pack, or bend
better in the bowels, pering in utero. the
cord is now placenta. when born take
up & put beneath. in the cases now
alluded to as from uter, below is fig pre
with hand in uterus, you may apply
ice or take a small pen into cervix
Respiration not normal. be prepared to
have pain. through the natural pass
this is important. Next step is to mas-
cul only all blow in at ear, should
you apply ice normal or not. does not need
enlarge

Clinical Surgery

Prof Heinrich

18/10/71

Fistula in-ano

From small abscess in weight of rectum with quantity of pus, a long mass felt in ischio-rectal fossa. Opens. Blind int. blind extern. & complete. Int. does not communicate with m. m of gut. Old extern. abscess have had a little new pents. & has burst into the rectum & has not opened externally. Dangerous. Complicate when connected with M. M & the skin externally. Regarded as a sudden fatality. Death & prevent in cases which the cause has threatened with Tubercle. Such offer for operating. Rule. if Fistula an examine chest & if any symptoms of phth. should not operate but if lungs sound and no external wound of lungs then divide. Oper. Bowels evacuated with Dr Ker & injection of tepid water & then introduce a director into fistula if can't open opening pass it as far as can along the rectum. Then a probe pointed & passed internal opening & feel one another & cut through the skin. Stuff pt. with lint & heal by granulation.

21/10/71

Excision of the Knee

Regarded as comp. of recent date a modern opn.
tion. but they lend down no definite rules
to guide themselves as to morbid behaviour & cases & am
bulation. Mr Cumberland & Ferguson & others as gui
ofpt to be fatal when at the lower third, the shaft
is spared he passes through of affl. consequence
a joint of importance has been removed, Insuffi
tation death has followed opening of the joint no
fixed of pathos. Insuffi. of prosnes & confusion in cicatri
cures that is resisted. What cases are suitable for
the joint actually inflamed & acute suppur.
not justified in operating. In cases of extens dis
a stone, necrosis, cases &c. objectionable to opera
de atho. Op. has been performed with success
in such cases. Subperiosteal amputation of bones
has been attended with good results. When extens
disease of bones with disease of joint, & where amputat
is low, impossible to amputate. Beside diseas
of bones & joints, mis-union of fracture & the
ar of the bones. Upon the most favourable result
the Op. an op. useful limb. Methods of exci
mis subperiosteal & open. B. surgeon object
most strongly a little to inner side of Ac. & then divid
the per. & then lend of triceps is left to the periosteal & all
the others left too. Br. surgeon thinks infan

is reproduced bone after it often interferes with the motions. Fergu has removed 4 inches of the humerus. Dearlaser, is operating epiphysis. Been stated but it is more fatal than at lower third of the humerus. Several methods. 1st adopt when the H or T of ungs. longitudinal of nerves & blood vessels & wound. In making well out for the ulnar nerve, do not cut, not even nec t remove the sheath. be careful for it may bury wasting of the muscles. Several cases of injury to nerves resulting in paralysis have terminated in adverse malpractice, where have any say, will have wasting of the part, after removing the nerve open the joint & remove the part from the ends of the bones & saw away the lower end of the humerus above the condyles. Must whole head of the radius

Knee joint. In Kids. objectionable to remove the joint some prefer in grown. Simple incisions commonly to the back of and offers & below patella & by not allowing back. Save flap & thing of the patella & by sewing with it. Bear pressed. Use in the bones. be careful

after treatment of these cases.
In most simple cases I use a splint of the elbow which they open. As gap has to be filled up with fibrous tissue & surgeon goes on & more must take place, wide there. Suppose with an angular splint on front of the arm & get the bones near together & you lessen the gap which exists & confers a good & very loose joint. Bones need not be separated to any great extent. Must not let the bones too close as bony anchylosis in any curve surgeon is to be afraid to bound the limb upon pressure up before the limb is put in the splint should come to apply bandage & middle form & then pad splint & put down with pressure & supports. There is a risk of anchylosis but radio-ulna which would lessen the usefulness of the joint. Gun shot wounds cause very much until they had taken place during over three weeks. At that time motions were limited. A false synovial membrane is formed in cartilage has been reproduced. Bones in the upper limit that would allow to stay in splint, should be kept up daily flexion & rest for him. In these cases under treatment require at least to be dressed in, after

to obtain a splint adaptable to this operation
Butchers box splint is the best. A long splint
with a box attached, only perforated
boxes & at the knee. Plaster of Paris
Opaddings may bring this point forward but
it is a matter of extra importance & you can
for not urged & come with more the bandages
chary the splint for 3 weeks or a month. One
trouble is in pre maller bagging, nonfusing
slips open, you adopt & can commence
cuff fin back behind and often much
less bagging will occur. Sometimes tapes
a return thro the flap behind. Thus a dependent
splint must supply the popliteal space. This
may be done with box splint & horsehair
pad. One point in after treatment. Six inches of
foot. The chest of the operated in all the cases
as well the chest has been strong a remark
of accumulation, pulse one, 130. It need not
alarm as often does. Necessitating the dressing
can be low pry urged & should be carefully tied
upon self. See that bones are in favorable position
in 2 weeks may expect the first callus & may
be made to remove the splint. Bandage
the lower limb. Thigh & below outward a

Ligature of arteries 28/10/71

Wound of the Intervertebral.

Next important only is the ligature of arteries. not know that moment he may be called on to ligature arteries for purpose of saving the life of fellow creature. Rules which every surgeon has to bear in mind and follow the principal rule is not to disturb the vessel if he can help it in its sheath, apt to bang & lunging. In olden times they were much less successful than in modern times. The operations formerly performed were clumsily done of course. It is not quite common in olden times 40-50 ago, we know in these days secondary haemorrhage was a common occurrence. Another rule in reference to vessels wounded near the wrist, etc, to cut down at once & expose the artery & ligature both ends of the vessel. A butcher near Chambly carving round the meat & which the knife has broke of cut the bone in back, done the knife thro his arm, & wished the arm between the bones & apprehended at the back. Considerable haemorrhage, & sought for aid. In a few hours recommenced haemorrhage & a compress was applied, this did not succeed & at end of first night bones through the arm was swollen. The condition apt to occur wound of artery in large strong men. After haemorrhage that happens you had a false aneurism. not a diffuse

me U. afals rac eye of a goose's egg & had pierced
it & a pouch lined with fibrin by little possible force
without cutting down & ligating, bored point fully supp
lied with blood & could hemorrhage from both ends of the
artery, & the only thing is to be done is cut down at the point
of injury & ligature some adine to ligature the brachial in
these cases. In perforating did not go deeply tho the muscles
but thrust them aside & is between 7. pect & 8. long pallm
A seal pierced. palmar arch & 3 points bled, & had them
all. Would here the 3 points bled? Cant say!, but am
under the impression and the palm had injured
& wounded the vessel but is of no importance if fin
dings are bleed, why ligature them & don't fool
Smith the little facts with regard to great vessels
all arteries are of necessity hemorrhage
in injury as where bone is torn off & no hemorrhage, it
proves further injuries & middle coats are & lax & not
holds on fingers & the int & med coats are drawn
out the artery. when ligature takes place the int & med
coats are together. a cliff in injury from muscles or stops
wounds only out of 4-5-000 cases of wounds in 15 cases
of wounds of artery. Most surgeons think that wounds of
a pulsel in field of blade will result in fatal hemorrhage
sometimes even in field & are instances where arteries
have been torn across & the person bled for some hours

the cases are mentioned in mb & often have been cured so well che in a few seconds. Run the eye at the veins and arteries

Cataract (cont)

Operations. 3 principal ones, 1 downward displacement
2 extraction, certain cond good & sight when
indicated adopt one or other. Hard in old persons
one time old two methods, out to 24 hr. Atropin
powder abort, instil, in some cases
the lens with a flat needle or with a slight
curve. In perforation Dawson, one side needle
Perforation in wound needed at outer frame, close
to sclera, or in front at any point, but take care of spaces
Dwell upon the iris, pass in the delicate instrument & some
the capsule cut in 2-3 directions. A cross is good
or a simple line will do, it sets free the lens
and submitted to solvent action of aqueous
humor. Very in soft cataract & young persons, in young
men prior 20-30 you might try it. Wheth-
er act of a. Hum or membr. of lens is
absorbed. May have to be repeated several times
but wait a while before you do it. Don't hurry
matters. Lea 3-4 weeks in strong young man
Another is displacement. is now obsolete. perform
seen was. is passes in behind the iris 1/2 lens

below sclerotic margin & in perfect comfort
to avoid contact fibs. but it be a little above or below
& so avoid injuring ciliary vessels. Another
needle slightly curved is then used, pass into
and thru the lens, & make a very small puncture, you
may open part portion of iris & probably multi-
& effusion of lymph sending right?. Then push
it back out vitreous humour, object is
you don't see when you are going and certain
of getting into but you digest in. then force in
out the valve hem, with backwards or down
ing. If force lens downward can not retain
it there will be out of position.

Extraction. Von Graff has adv a new
method. No mention of flap is made the result
in old eye. as cornea is not very vascular, on
low vitality, my accident occurred. As I was
to. Graff met in my accident, he adopted the
upper flap in sclerotic shelf. his operation
simple. a spear pointed knife. he takes advan
of cocaine effects +. he gets out under chloro
thro the sclerotic shelf. passes his knife
downwards & forwards into ant. chamber.
& drains & out thro sclerotic at same point
now an opening in eye & all of iris is slit & has

to perform a large iridectomy. Then of pressure over eye the lens rises to the opening. Thus often but sometimes will refuse to be displaced should the eye subsequently develop keratitis & cross across the involved pupillary area of iris will not rise then next of iridectomy were shown. Open in order is small not as large would form in cornea and will somewhat be humble in comparison all eyes. Yet. another mode one adopted of my Lancet. open at edge of cornea with aspect pointed knife. Introduced carl margin of cornea & hair made prepary then removed the edge of capsule of lens on have it. His not favourable as open is small and difficult. Another of remov lens by means of some soft lens of suction. used in children if required to do it will do.

Osteomyelitis. or Inflammatory of Hug. and American Authors. Inf of bony membrane of medulla. varied in this case this disease is one of most dangerous of all bones and in diff in diagnosis diff of small pain. & it can understand difficult to follow in one of the bone. follows amputation itself. either follow in the bone. long, vascular

vessels turged. One feature is you never have such strong measures without some end-organ involved. which often completely regulated. What great lessons! a new creative will I could do. by akrus all altred affections may be so dependent upon. dull aching pain in the part & discomfort. & responsibility or injuries. so overcomed at night & will prevent sleeplessness & subsequent will become tenderness. I really must sit down on paint & hopeless & give it the pass

18/11/71

Skin grafting

1st account was a method by Hamilton given up in 1849. he did not regard it as it is now thus neglected for many years. Formerly taken by wounds as burns they raised a flap of skin and bumped it to the raw surface, but Hamilton raised a piece & reversed it and implanted it over a raw ulcer. it did not wholly unite but partly fetched kind of a scar on burns. & many small pieces of skin upon raw surface. pushing up to mitted need the old method of skin implanted thus over the ulcer & small by a clean incision: he was surprised at satisfied at the result. Pollock in Edinburgh & many did the same

in a case of burn in the thigh. he minor pieces of
arm 3 – 4 pieces of skin introduced them
there united & formed small islet from which ac-
ity commenced. after 13 pieces and introduc
the skin 6 weeks whole surface was healed Lawrence
minor a leg perceptible ⊛ & transp it and stun
ed in a few days. You have seen several in this
Hospital. In the old obstinate cases grafting
is so useful. Skin from amputated limbs
will do. Skin will do. Rules. see that surface
is healthy. if pus is bad will not take not fully
granular will not do. Then to select the graft
advisable to select as near to surface after
as possible. many take from inner side of
arm. all state that in ulcer of leg take the graft
fr neighbouring part of ulcer, as skin is in
same condition there as elsewhere. Leg. not
very large pieces of skin. no object pinched
at the open flesh another ulcer. If too large pieces
of skin give lax the whole energy of the ulcer. too much
thickness. some all needy is to some pieces of leg
stretch skin and of have it that that – all that is
need. but if skin thin in calle as an exception
beneath. I asked see good healthy skin state
pin near the ulcer. it should not exceed in of middle
needs & good results. pinch up skin. Exclude

while tissues of the papillary layer
snipped off with a pair of scissors, apply a little
lint, or in several pieces cut in finger nails. Then
put on rubber, with water in warm through & wait till
all the bleeding has ceased, & then pass the thumb into this
opening, put your finger into it & point & select such
pieces as look healthy, & then, bind with plaster, soap or the
adhesive plaster or Lister gum plaster, & then cover
over with plaster leave for 48 hours of dressing not to be
touched for the first 48 hours with lint & boiled water & keep
the patient quiet. Then apply an ordinary band or a
piece of flannel wrapped over & forward, but not needful
do not remove the plaster and bandage - ~~[illegible]~~ plaster
examine little & can see all as it goes on, at 48 hrs
& - while & wedding & has little or nothing at end after
hours. Effect, villous off & papillary layer left raised
as shown with the granular & seems but but it is
not, & cicatrix will commence, & a bit will
form and arms will branch out & unite with
the healthy skin.

Amputation

Many cases now where formerly were amputated. Flap operation best - whether there or flap or best. Ferguson has seldom performed circular operation. Under that flap operation prove many advantages. Circular best in appendicitis, & larger flap for transfixion or pain without. But advantage of this is in rapidity of the operation. The circular is larger. Circular. The hand in upper extremity, at arm. Upper thigh. Make the skin tube. If the operator may do it, then Rose left hand of assistant as far back as possible & make a circular sweep thro skin & cellular only. Then retract this or turn up a piece all the way round but no necessity for it. A second incision made thro fascia & cut longer of muscles first, if of the muscles is fibrous, & then retract it strongly, and then a 3rd cutting the whole thickness & applying the retractor. Then divide your periosteum as high as you can. Do not saw the bone before you remove the periosteum. Next saw, your bone & you find the soft parts from a cone. Your flaps be well supplied light bandage & 24 hours instructions will be bandage. The limb is fan occasionally on

James Bovell M.D. N.Y.

ution of the muscle in form of splashing, so if pus appears you do well. Next Amputation Flap of the Surgeons is more Barbarous than Antient is rarely performed is as good as circular is little Bear in mind the point of attach of the muscles. If in lower 3rd of thigh. In these it is advisable to amputate by two lateral flaps as do not slice your arteries of slice at several points. Another fond that bone will be found in the inner side of the stump and then & flaps be bent over & bone at inner side & pin. At upper 3rd middle & anterior & post. on account of the insert of Psoas & Iliac, cannot prevent the letting up of & bone will be exposed. & so small anterior post. flaps and in & use at hip some return whole of thigh by circular, Mellard. Gather up the parts in front & see you have an equal design & a nice stump and have no dent. pass it down prime & pass out at opposite & cut a flap of 4 inches in thigh in arm less, after it means the stump & bring out at same angle behind & cut inwards again nearly two synchronal. sweep round the bone, approximation and dressing done. Modification Teale's adopt. it is from of long and return of the flaps. the mean

advantages for it are that no chance of bagging from, no retraction of the flap, secondary hemorrhage at back of chest and not proved upon objection. Matter a long time to form & does not burst as well.

Loaned to Comm.

Left. accep. & return

Dislocation of the Lens 29/11/71

Lens will well and only a valvular opacity will be felt under and chart is lowered in eye as this is pressed forward. Where then will you find that of means you must be satisfied or else may be rapid and fatal type. But if after an accident you have another eye atrophied & comp. detached iris & loss of pupil. Advise well to remove the lens early & employ the means. either suction method which good in ~~section~~ young persons, or the flap advisable when inflammation & old & hardening. Treat with any of the ~~[illegible]~~ Remedies in use. New the cancer good large iridectomy. After most lens will appear at section & will be lowermost. Except drain out pus & inflammation will fade & perhaps healthy & vanished away. The eye of the blind has some of values remaining.

When humor is often very liquid in these cases, flows v. wd. send dead spit often comes away esp. if hydrocephalus is repl. this is risky type & some recommend the instant extirpat of eyeball. When the vitreous prolapses & infect you have orbitum, the result fat is an injection of choroidal vessels and of loose much vitreous humor you have the eyeball filled with blood, or between the coats & opacities by supps inflamm and destruction of the eyeball & tissues remain [illegible] mineral phy. ball at once. If supp. better pt. eye is lost forever but if it is aborted

Syphilis

Tertiary. Here, the more I spread intense pain for weeks can be not last long, not crucial and burning after effects. In there non exophthalmic - one I at the intest. Hely. Treat of the constitutional treatment intend to apply - allowed. careful not too much. will run in chemistry in oil or tube in adhesion plaster. Now you all need a piece of wood & mach. in HgO, or a bit of blue stuff. Another is non-infecting sore. It resembles about ch. & pressure & produce fancied a cor little it in all respects. 2 medicines often will lend sweet & sentiment & thick tong, has effect of destroying the membrana of it

& prevent [illegible] of many of the lymphatic glands
by chronic mercurial inflammation is not sufficient
but apply again after later in the inunction
& for a longer apply again. Local ulcers
the mouth. Blk. Red or Carb. lotion. the Hg
water shown been the good in chronic
sores or use red mouth. carbolic acid
Constitutional treatment. It has been a matter
of diff in profession, Hg is the basis of all the
remedies now prescribed in tertiary syphilis. Is it
a dr. abuse of iron to use Hg? Yes if certain
that a sores specific. use carefully. Hg chief
affect the mucosal generally. Is an abscess of
the capsule & increase of Hg. O., given with care & time in
Fe. Recovered was the Fe SO_4 Ammon. Cit of Fe. Spec. therapy
the Fe SO_4 ½-1 & Ammon. regulate the diet. cut
off the alcohol or if habitual drunkenness the Comp. Tinct
of Gentian. Indebt of necessity of hygienic means
especially in Syphilis, more need of more
Husband the powers of life. Quote advice
in Ins & Fe. Ins has effect Hg & represents
the effect of Hg does not damage the system
do not salivate. feel your way. Table of glucose
of beer at meals. Often asks who lots should be mar-
-ried. wife unless understand of hyperthroid & then he
will not marry. Best of not suff. use of those

been Hg cures. Doubtful when dent get rapid
civil and sal were denied. "Blue Pill" 1/8 & cinch
with Sal of Ammonia 1/4 2. The often. the blue mass
will unpoison the vent. Some often use Sod
of Hg. Hg pod grey & dentin Pot 1/4 & 1/4 7/2 K Di
but 1/2 gives cough. apt to provoke grey & ferm
and will ofs. Bin rod better. gr m solut with
KI. Prevents mixture. Pro to produce Hg. Ogs 3 of KI
3 1/2 of Tinct Hg 2 aqua 3 vi 3 ss. to a close
white fine made green. Other Hg. a Bichloride
the good gr will cure, but in second stage
effs. of syphilitic in initial lesion. bubo cure
it cure of the sore. this fall into bottom of the two
Lunder what adv to adopt could do not
could it prevent the manifest? not settled
some think it will other think it at the wrong
think it will be made worse. Study Latter
the view. KI. is good next to Hg. Other
are cinch & Pl and others. When find
yr he n. other proper sub yr. can only or so fully
a cure from the Hg fumigat & ass bend
in advanced cases. used. Hg pl
rubs. but from under it fear a blanket
wind be neck. & Calm wet plate & go
you at sufficient rapsons

Clinical Medicine

"Heart" (Cont.)

Next deter. if any alter of sounds or of any adventi sound. Ins. cure stetho on ear to chest or nap. Hand interposed. Med or immediate. Use simple stethoscope, made of light wood cedar dumen object. modify the sound. Solid one best on acoustic principles. Satter eg. mean object so I circumscribe the sounds, small the best the bell. better pick from the sound them towards the sound & work round the spot. Size, length 7 inch. Large 3 inches bell 1¼ in diameter. In ex an H of auscul. five points. 1st place over apex, below 5-6 in 2nd base on lev 2nd bord 2nd 3rd left cartilage. 3rd 2nd costo sternal cartilage. the aortic cartilage. 2 left cartil is pulmonary one. Most of dis of H med & alle sounds in pulm. = mm or bmit. ang in coarte

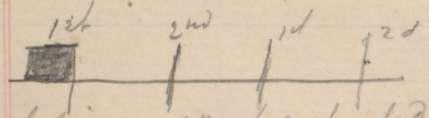
& then Endocard or extermall
exocard murmurs. Endo. ones
§ my conditions malfor. nano
of inf. sounding. due fro valve
incompetency. Functi disord. also
Exocard. depe on rough surf of H or
pericard... Must come to conclus
as to cause & seat, may be done usu
ally... of two the normal ones, now
satisf in following point, to det the rythm
exact place. to wh it should be ausc
des in auth or debat of cardi
or in rest. what relat to normal
sound. when most intense. Is it
endo or exocardial. With wh part
of H action does it occurs
When pulse is rapid rest is slight.
Always differential stethoscope
Ham dulcy the sounds, ident the rythm
of the murm all murm, one of oth
of character. Murm interposed in sys
tole to first sound, or follow sys H
p, it sounds, or follow sys H p
the second sound. If pres sys

aps b/c wind comes to auricu
& stole. & in 4 pint of blood per auric
& deep gr. cents of auricul - vent confi
pat - death in fon systolic, or acci
cular systolic murmur, st & bef
1st or after the second sound. May an
acc from pressure of vent & second murm off
pm. 2nd sound - when pulm 1st sound
coalesces with 1st. 3rd is heard running off
for the second may be of variable length
in period when vent are dilat. If valv
insuf in blood enter the ventr. in venti
dilated. At site of orifices it is produce
more determine. Mitral cut orifices
is best heard over certain part of surface
At mitral heartbeat at apex vent.
are heard but less. & about thin &
also the back. & less at base. is posit
in. In pulmon artery over pulm
cartilage. in. Incomplete mitral comp
, which must imperfect & lead covered
with. below 3 - 5 rib & a little right of
sternum. an regurgitant. & at lower part
of sternum. Murmur at mamilla

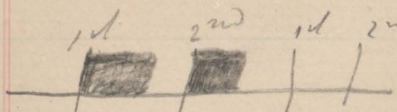
Sau

2 chan. a. prop. up into the arch, fresh
upper heart beat at sternum cartilage
or rev. 2. left or even systolic central cartilage

Heart (cont) 2 4/1/72



a Pneumatic is upon, a shaded pitch before the 1st sound.



peak of diastolic goes off from the point and bent diastolic murmur off from the 2nd
Settle the limits of diffus. & the seat of the murmur. If loud or general over cardiac region diff. in determin position & limits & still more over an area of 2 or more auscultatory present in most, a little practice will enable you to get some point of max. intensity of the pulsation. Learned the areas. mapped and diag. show that murmurs are thus localized accord. to the valve & heart head in limited area. 4 of these areas are so well established

of heart beat at apex & also around it
so when the n of it. It is perhaps
the most of mitral & with ch
sound does it occur, prob compound
with 1st sound. This not sufficient to make
a murmur
whether in this case mitral supp disease
ed. &

Pulm 2nd sound
vent diastolic at base as in spice
of incompid or mitral affected then mm
a direct one vent diastol. at cells of
there one of pump of blood for aort
vent. That semilunar valves is a regurgitant
one. They dont occur singly. Mitral
obl regurgit are common.

"Pericardial Murmurs"

Resemble to the heart, of friction
of the surfaces of the heart, attrit
on or friction mm. Cha classes
as mm superfic, dry, high
pitched. no comm character or mm
present. The pericard mm clear as grating
grating, clinking or crumpling
harsh of superfic scrapes with
area of the heart. May over

on limited part or the whole in some
over all front of the chest - & even at the
vertebral groove, but usual site is below
3rd or interspace. Intermittency, this
dyspnea decr. corresp with both action
of the heart - also mag. mallent the
attack does not exact correspondence
with either 1st or 2nd sounds. also
changeable in few hours, changes
another mode is position, when sit-
ting & leans forward heart best. as rule
diminishes when effusion takes place
at same time, heart floated in sit bag
upwards & base closer to pericardium
& explain that a fair effus just sound
heard best at 3rd interspace. Not obs
hitted over the vessels. local in sclera
tion. Effect of effusion is not invariable
small amount may prevent & small
no amount so great as to prevent me

Pelvic Cellulitis

ha, cancerous growths or obstruction
Fallop tubes partially or totally & get
hopy of them. A dysmenorrhea. Sterility
Treatment, depend on stage. 1st stage
inflam. subdue the inflammation
alternate pain. leech 8-10 bleed
encourage inflammation partially tens
ad neat bran & hips. Open & bland
emetic & gtt & Lig Am Acetate
perfect rest. a sine qua non. Not
more in bed. Bladder need imptly
injected, if swelling pain. ult ma
cause retention of urine. Purgat
not medicine. See enemata. 2nd
stage. pains not passed off, have
now formed effusion. Now get above
Thomas, force blisters. comment
like them. In Iodine paint. Or
Kellad & K Iod ung. ℥ 3 to ℥ of Kell
rubbed into them. 3rd stage. depend on
results of if no abscess. & chronic
attend to pumile diet of new malla
recuperate strength. Food diet wine
beer or porter. A morphine or Lin or Ten bum

or Sympt Tem to Didi or Tartrus
sym of Phosphate of Tem & strych & Lem
H Dod. colle. Bait & ammonia
when tends to suppuration. Rem (dan
gy feel wh get on vagin & anus
is dough or fluctuation, in the bent
cul pouches and above all. Vaginal
douche. Hot 2 per cent the tube use lepu
water. & has the best. Ast open gales
Aff opium. Simpson advoc rad open
trocar. my point in various directions
my abs cont of & chr. any ut return
in vagina. or int pencen alone causes
my into peritoneum but infrequent.
Then superfic. my use trocar as rule
1. Walls & let it alone

Pleurisy

Fodien constitutional - superfs hem
n & simpuration an anom fed pulse
slow bronch. plantis nas pneumat. al
lengs not much raised. Tongue not
much disturbed. not all by these
exceptional cases agent suffo=
Cated pleurisy. H never the

by visceral & parietal layers of pleura
is the sac or cavity of pleura. Lobe of lung
is that sac. When inflam. symptoms
have prof. pervous ment. sharp pain
often lancinating. Rind. pulse hard
full & hard & small. Tongue increased
& often have sensations of effusion
of coagul. lymph. or pus only be found
lymph, sometimes adhesions from
rules of mouth & flakes of lymph.
spread on surface of pleura or some
cancer matter. Clinical divided into
3 stages 1st from 1st manifest to period
effusion 2nd fr effus to when begin
to decrease 3 or cap. absorption of
the effusion. Treat is stage of pe
ment. ment. cycled. Often
in this surface not more roughen
but a friction is prod of high character
may not with every respir act.
This sound is ~~near~~ due to dry, is dust. not
wet, like fine hair & then harsh. over all
under effus of lymph. Left mental
over handled area with increased

and also present & followed in 24 hrs
of the coarse lung one. Coarse vau
in vol. expect & of. shouldered. but more
wounded than it. dly & accompd in respira
tion. In some obst powerful spell of
nat. - a pneumonia. Will to mask sensi
will wounds in Bron tube in Bron simply
coma. uncl. clerk in Bronc rales & by
pector. of cough. & I dispos of in the Bron
tubes & will change in ch. In 2nd
stage. in variable time, comm with
effusion to, beneath sound effusion
may be large in small. ~~Op~~ pneumonia
. change assume: small band & del
sum. of moder. large mass thepeu
will. Finally sound dispos & chang
in site as fluid separates layers
Except case of pneumo in situ
due to obstruction. The mobility of the
chest is impaired. sound in affected
side will conf. If tape of off large off
side larger compared with the other
Of percuss pneu off side is dull &
tympanic - wooden note over cent
vocal bronchi called mesna

Auscultat = no vesicul breathing
the bronchial. Also found organs
displaced. Liver & diaphr. displ. Left
heart & stomach displaced. Effusion
large. Intercostal spaces full & bulging
of fingers placed between ribs & fluctuate
etc. In this stage chief thing for
mode of treat for. Aspirating =
remove fluid a trocar & canula called Rev = bleeding afford. Or modifications
and last mentioned
not with all cases dangerous when
effus. has increased beyond certain point, but when sitty near inferior
angle of scapula. Only bele when
of large pleur. in both incobl. dull
& mode of voice, distinct
dull in both, but in Pleur dull varies
& fluid & can change its site
if person sitting then lying & vice versa
will change: much dull
full of fluid yet no ~~dull~~ fever of
dullness. yet rule = larger in size
& deeper organs would be found.

Partial adhesions may exist in & prevent the rad flow. Also, auscultation in 2nd lung. = tubular or bronchial breathing sound. & with moist rales

— pleura heard auscultated in diseases of bronchial tract. If marked pleurisy conducted with intense pain & shortness. vocal resonance is increased. — Pathology or Bron. In pleurisy the vocal vibrations modified & auscultated or bronchial breathing. If hand on chest in pleurisy — pleur rub — is increased in Pneumonia. In effus in chest so little effect by compression on neighbour organs, seldom vocal is impaired. Fluid amount effus & in little dull & tympanitic when mean amount reached my sl organs not absorption. Chronic when fluid slg longer than 2 - 3 weeks absorpt variable my even amount of fluid in chest ordinary cases last 2 - 3 weeks If contains in chest. Effect on lung disease lung or attach of contains get bound down get sol or if operation - yet incapable

Other forms can hend in Kids. E. capitis
Kid in milk applied = cut. Crusta lac
& authority by on cheeks all over scalp
is not dangerous & drop as child grows. hair
is matted together occas fall out little Tinea
Also behind ear, below ear. E. aurina
at purple. E. pudendorum. Also breast
from E. mamma. Crusta nipples
is a form & is troublesome. Formula for
it. Pb NO_3 x gs. to 3iii Glycerine 3i. Oft 2 a. then
is good. Ground, painful. Lycopodium
on alkal and sc. which is thicker & dry
& scale last long & grow large = bulla
on Pudenda. met. is chronic. Silica thick
med. & scaled. Sulphur blend along used of
thighs legs. Also called Psorigo. when E.
impetiginoides. a tr. lavab, all same
form. & pustules

Treatment diff. & thick lines
acute for amenitl. As a rul all of
feluls. a ngn pub gnd Kenned & c. then
Qu be a purge. Via Pz in Kids. Rag 8oz
then bag an ad. at is 1/6 – 1/9 Gaters
ach E. till be entirel, Leaty & Cu

leaves no scars in this diff from
Herpes with lean scars. Diagnosis
may be clear on diff. Thus ben varia
ance & vivid discoloration. Chafes
often affects joints & in fat thick in folds
of fat. Common seen in dry hen not and
attacks is quite dry as Erythema
unpeeling. Lepra (from it). L is thick
of skin & is redder in infance, the scal
cast frequently. E. is diff may have thick
& but can not grind dark is that pre
infer affect roman, secret circula
Cath pls. when in P. seen or Lepra. no secre
tion. P. affects the joints. Thus oil brown
not water Ex Dermet can det Dyspeptic
the cities ely of Eczema. both redness & scaly affects
as rule. dark carry, dark skin in Eczema
& not often refined or pra as rule as Dry
Anti pyretics is redness not is uniform
the skin, red efflorescence is made up of small
spots. Type for of Eczema Rubrum as rule
red skin not confl any one all prior bar
& but also red as rule opposite. Excoria
tion &c. & the symptoms exudate offend

Lichenoid eczema, in papules, pus in them, walls they become thicker, thick and yellow. but - limf. eg is prompt to go but E. impetiginoides, well marked pustules in eczema; imp. accom. C. cured effects; pain burning slightly. stomach. but all comp. to rev. 1 day of late from Stands constipation swollen, enlarge E. sympath. Cuticle feature is that because the of skin & lungs when symp. deep cured off see also Th. Affections esp. in general eczema. Be well when symp. ~~cured~~. Connect between dep. & Thermal deathers. Parti. dense general, comes it also for cures with contents, Pneis. Eczm. sugar bathers, eczema & itch. dep. in heat in of acarus of sugar. Scabies also C. Eczema. Bar alk. seeds a nice tot Salt them is for effects a E. known Injury in acute course. in few days & not return. commence in chronic & dry for Vision - cut a pieces through disease & unclean. Decomposition will follow

preceed by symptom of fever, vomiting & chill
& faint. Some pain complain lingling & the
swelled. = Inguinal glands. In few hours
small vesicles on surface not pressure
& are positive. Last short time & disappear
in some minutes if it is vesicle due or
dry or so shrivel & small. Vesicle burst
under escape & dry up forming crusts.
Thaw may dry up & wither. Fluid within
is alkaline albumen slightly turbid
albumen and metal appearance. color varies
Surface skin red sometimes red & raised
& excoriated. & fluid little more & under
Lobule of brain chronic & kidneys infil
traded thickened & edematous. C can
reach and see. All cracks called fis
sures. & sempurred not. It is pressure
from & chronic, & thickened and sought
call. If cuts be removed surface is
excoriated & red. & does not the sem & under
Ho Chi cases. When thickened & hard
annulated & circumscribed. When
it is little leprosy & Bessnier who used & h
symb the Ch. Cy. Publish my from

& blister scalp & the $HgCl_2$ 2% test. If
no bad health O. Mosher & L. & K. internally
Intensely irritate 22/2/92

Eczema

do diff for other, or vesicular. Dis
provals of minute vesicles. The name is pr
NB. but not. Definite specific small clear
lin of horny epid. cuticle called effloresc,
ch - hetero lay or of epid & rete mucos. are
all. not large, size of millet, large vesicle
Contents usually hazy & turbid & clear
S. especially if by elevated = milky chara
acter. also add for vs. walls. specific are
translucent & over thickened. Inform va
accumulated, rounded outlines, flat or
umbilicated, lay in stage & situation. C
of epid follicle bar or sweat. If summit
pitted or umbilicated. Course. Vesicles
with my inflam & contents escape & dry
& - crusts on skin, or fluid absorbed bas
ely as dry white scales or under many mem
wall thicken & pus in it become vesicle
& flow yell & dry up, = the yellow crust
Sample Pty. Pt. reddish of yellow

may be vesicular or mere erythema papular or pustular or squamous. Erythemal most common. Even non hairy changed as duller & changes of light = yellow yellow or ash grey or dark. Easily bitten scurvy. Disease of left much commoner than scalp. Give rise to suppuration in hair follicles & then suppuration of latter hairs not & commonly seen but natural structure not smooth & tubular. Is plain & filled with little granules like oil globules also opaque & larger broken ends & split-up. Of spider shaped & commonly contain spores & mycelium of plant which causes Trichophyton tonsurans. This may commence papescencia & the scale with omnimmunity. It is highly contagious. It is very obstinate & when cured suppuration of follicular points. Of left larger. Thickening non of normal cicatrices. If seen at first best remove the hair, some recommend depillation. Disinfect the scalp. Apply shaved. Use parasiticids. Use Iodine & brady and then 2 gr of $HgCl_2$ to ℥ Lanolin. Iodine & salicylic Rx 3 of ℥ to ℥ with glycerin will cure if fail and can does. The hair pull out

No papules vesicles or pus. never can
dis. when as exudation effused seen
and often itching. It moist whole surface & thi
rapidly. Epiden desquamates profusely some
times. mucous membrane unaffected by
treatment. Change pale, turns yellow fawn
brown flesh sp. dough & soft. Marasmus com
on. Nothing. copr desquamation. Hy may be
given. In P. simplex when on body unpatches
oval &c. with Ung Sulphur Iod. use alk bath
first & then Ung. Hg. ox rubra as ung and
amm chloride Hg or whole pp. gr xxx to ℥ Infer
by bowel as arsenic for long time
Tinea = ringworm
T. tonsurans Kaposi. occurs
off body on arms & characterised by oval spot
red margin central skin with half or scaly in
the centre. On scalp also occurs and then
diff in form. bald patch of usual hair not
quite removed. but remain broken off short of
left skin minute till spread large size. Skin
yellow changed slaty & surface is rough & brown
kern fills especially surrounded by scales. Symp
itching at night. spread may cease & empty of H.

Dr Osler Wm Osler. B.C.S.

Delightful contagion of person is unhealthy & unhe
changes of ~~[illegible]~~ causes is single I.q. due
to small hydrogen plant attacks epidermis &
called M. purpur. consists of red-violet flam
nul & alonds have spur, oval or round erup
right thing. contain no granule, & has double
outline. Age seldom in very young, commonly
puberty, &c. The lymphatic temperament
and pregnant females & Dr Osler plain
not usually on face. Chronic. Doubt if it
is due to the M. purpur. Lue syphilitic depig
on skin as in nipple. Alan somewhat
that it is syphilitic. Diagn in syphilitic stains
in brown deposit granular. Ply. & salicylic
M. purpur. Treat. very amenable. Rem
lotion of Na_2CO_3 3i to ℥i applied not only
for 12 or 24 hr remove all spider. Often lotion of
Sulph. or Hyposulph of Na 3ss - 3 to 3 with
little Gly. applied same way. If cure it Dr
of obt. $HgCl_2$ 2gr to 3 of H_2O. H_2SO_3 used
P. rubra

This rare. only three cases Osler has
seen. Number slightly in ab in cure. still Dr
no. & prevalent not much published

Eczema of the head & forehead. In young children & the natural or reddened never any exudation or thickening or crusts as in Eczema Capitis. Cure by washing with carbolic soap. P. Simplex may be here, a small round patch white or grey with branny scales - no itching. In adults & troublesome. Difficult to heal. In some dry hard skin is natural. May by hand & alkaline water. Often common about mouth & lids. Intolerable itching & dry & rough is reddened & cracks and by theme. Said due to a cramp, in practically clean. Phthisis & lance. due to caped product & dirty scabs. Internally Pyloric. ve~~sicolor~~ chloasma tallow the part affected but dus scanned should be used. Parasitic affections. Microsporon furfur, of scaly patches on skin with Leg K. see they spores the plant. Sometimes abundant, often slight. Bilateral symmetry is seen sometimes between under the vary colours white, cream, varies from very to deep brown or black. Most common on trunk & also and upper limbs or middle and thighs. Not common in puberty, prone to air. In Chronic cut for years & years of malleud

Gout

fever & rigor often. & the disease affects other, a rigor & herpes, Erysip & aphthæ & on lips in Pneumonia & in mucous membranes. Treatment, lies the better, pain great. Chl hydrate & hyp of 1/3 - 1/2 of morphia & morphia. Glycerole of starch & oxide of zinc or Tannin. "Kissed Psoriasis" 27/1/71

"Pityriasis" (P. & p. Brown) 2/2/71

2 of scaly groups. Spread rapid in many purpuraceous scales, occurs in many circumstances after scarlatina. Measl syphilis and Scabies include eczema. In there is subordinate syphilis and a true Pityr. Appl. chloride of time mag. ointments with extract of alum into the derm. Scabies sepia in minute white brown little patches diff. to distinguish between them & others with decomposition. A few P. rubra in which some underlying fever occurs. Perhaps simple dandruff. May general pityr. even in health. Simple chronic dandruff is still to be treated off. Note the P. capitis or dandruff over sebaceous glands of the scalp with Prod. ass. In bad cases the scales & oily matter hardens into crust after covering all scalp.

only on one side of the body. History is friends, some very pale & 7-8 days during day by bar a small deep ulcer spitting may be present. Some cases usually leave but little trace. Some people have one side crams here in some position. Never

3 neuralgia or infect. affected dis numbness, slender of the stays rarely much cranial distribution. Tonic & rigor but an & anthem all ages all sexes but a bit. Either side affected, or alternate. Infect probable & this contributes. Not denied it. No cranial distribut, not contagious not epidemical as vs. the air health is a true neuralgia as not so, any rheumatism or fever is still. It's distinguished by pain of pain & tender which precede & fact always arranged again the out into distributions of cut nerves. Said that liable in persons under conditions. Spasm in lips, or nose or cheeks, proper along. Often asymmetrical. It may occur often or run leave a scar

and Ext. Mustard warm poultices are the pain is great. a Dem hassed mixture of Tinct Arnica is good. May give laxative or Haustus Magn. & indeed Ir & Ac. in malad can disappear.

Herpes Zoster

Shingles. Sly isolated. is unilateral. May vary on the forehead, and the dermatome of 5th. not confused with simple forms of Herpes one Symptomatic 2nd Herpes Zoster, 1st common & held com in pneumonia & on lip & nasal premonitory & after pus catheter. after intermittent fevers. and bolted in once as symptom. pneumonia & will go. H. Zoster is a very high inflammatory disease, and pathological condition of Medulla or & produced by influence. Tried on a dose of Ars. Symptom is pain on side, painful touch. Sty mistake for acute pleurisy & red point will come out & the vesicles are umbilicated together almost confluent. Lobe on Del Cantle

shivering. Lobe of lungs pass to first. Desiccated: at first pale red, with large yellow areas. Dilated & then hard & then yellow. Lobar remains, desiquamation. Swelling pass the same way as a bruise so Dermoids. Carbuncles. No. 2 were some to legs below knees. Sing before in Nov but at least 10 of them. The sings fell off 2nd or 3rd. Each time after the pus left off sing pass all over the body. Duration is prolonged & fever is much greater. but then exceptional. When do recover loss of appetite, malaise. It is a mild disease that no infant ever is attacked. Dead 2-4 weeks after terminates. They never suppurate and probably says that it is natural in new born. Itchy and a sympt. but being mainly pain. The Pathology is quite same that such process is seen on infl of lymph of skin. The abscess & lymphed or called & swelled process as infl of lymph vess. Comm in females age is 15-30 yrs. I maintain should

Ch Pleuro-pneumonia. Acute attack often cut-a-cute. Onset very may be not constant or even usual. Character of pain is stitch. = Lancinating sensation of movements, limited in extent but intense. Breathing is shallow & rapid. Lie on affected side

S Pneumonia Diseases

Select a good text book, Balmanno Squire, Hellier & Albury Fox. Larger ones objectionable

Erythema Nodosum

Term = Nodose erythema, as appl to many rashes as blushing. Erythema is redness due to dilatation of capillaries. Nodosum = nodular eruptions. Nodosum divides in 2 classes 1st of a simple type and often temporary. 2nd the worth so called E. Exudativum & four varieties & E. Nodosum is one of the. Other E. marginatum, E. papulatum, & tuberculatum. Dermal. Contusion = E. Nodosum. Affects times affected on semi-flat or oval tender on pressure on lower limbs. May slight febrile & pains often preceed rash without. The fever same

12,5 – Jacque Calvet